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CONFIRMATION NO. 2132

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/260,675 06/16/1994 PAT 6,800,603  
 which is a CON of 08/126,100 09/23/1993 ABN  
 which is a CON of 07/922,813 07/31/1992 ABN  
 which is a CIP of 07/752,764 08/30/1991 ABN  
 and is a CIP of 07/753,059 08/30/1991 ABN  
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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/23/1997

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 18
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

1473

## TITLE

MORPHOGEN-INDUCED NERVE REGENERATION AND REPAIR

FILING FEE RECEIVED 1900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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